

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MAY 26 2004
PTO/SB/26
REJECTION OVER A PRIOR PATENT

TERMINAL DISCLAIMER TO OBTAIN A DOUBLE PATENTING

Docket Number (Optional)

559852000102

In re Application of: John David Stanley STANIER

Application No.: 10/697,667

Filed: October 29, 2003

For: INFLATABLE HUMANOID FORMS

The owner*, Crowd In A Box, Inc., of 100. percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. 6,672,933. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims canceled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. The undersigned is an attorney or agent of record.



May 26, 2004

Date

06/01/2004 LWNDIM1 00000116 031952 10697667
01 FC:1814 110.00 DA

Glenn M. Kubota - Reg. No. 44,197

Typed or printed name

(213) 892-5752
Telephone Number

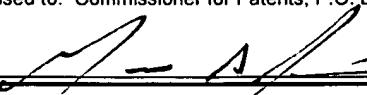
Terminal disclaimer fee under 37 CFR 1.20(d) is included.

*Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner). Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail, Label No. EV374046056US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 26, 2004

Signature:



(Marco Jimenez)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

O I P E
MAY 26 2004
P A T E N T & T R A D E M A R K O F F I C E
C182

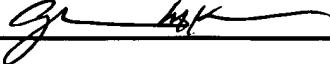
FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known	
Application Number	10/697,667
Filing Date	October 29, 2003
First Named Inventor	John D. S. STANIER
Examiner Name	Bena B. Miller
Art Unit	3712
Attorney Docket No.	559852000102

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)									
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES								
<input checked="" type="checkbox"/> Deposit Account:				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Deposit Account Number</td><td>03-1952</td></tr> <tr><td>Deposit Account Name</td><td>Morrison & Foerster LLP</td></tr> </table>				Deposit Account Number	03-1952	Deposit Account Name	Morrison & Foerster LLP		
Deposit Account Number	03-1952												
Deposit Account Name	Morrison & Foerster LLP												
<p>The Director is authorized to: (check all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> Charge fee(s) indicated below</td><td><input checked="" type="checkbox"/> Credit any overpayments</td></tr> <tr><td><input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR 1.16 and 1.17</td><td></td></tr> <tr><td colspan="2"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</td></tr> </table>								<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments	<input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments												
<input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR 1.16 and 1.17													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.													
FEE CALCULATION													
1. BASIC FILING FEE													
Large Entity	Small Entity												
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid								
1001	770	2001	385	Utility filing fee									
1002	340	2002	170	Design filing fee									
1003	530	2003	265	Plant filing fee									
1004	770	2004	385	Reissue filing fee									
1005	160	2005	80	Provisional filing fee									
SUBTOTAL (1) (\$)				0.00									
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE													
Total Claims		Extra Claims	Fee from below	Fee Paid									
<input type="checkbox"/> Independent Claims		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Large Entity	Small Entity												
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid								
1202	18	2202	9	Claims in excess of 20									
1201	86	2201	43	Independent claims in excess of 3									
1203	290	2203	145	Multiple dependent claim, if not paid									
1204	86	2204	43	** Reissue independent claims over original patent									
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent									
SUBTOTAL (2) (\$)				0.00									
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00													
**or number previously paid, if greater; For Reissues, see above													
SUBMITTED BY				(Complete if applicable)									
Name (Print/Type)	Glenn M. Kubota			Registration No. (Attorney/Agent)	44,197	Telephone	(213) 892-5752						
Signature				Date	May 26, 2004								

EXPRESS MAIL - EV374046056US